
COMPU-MAX CMS-2552-96 EDIT REPORT

I. OPTIONS SELECTED:

OPTION 16
OPTION 20, 6
OPTION 21, 10
OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2009.08

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	232671	-215300		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	O/P REHAB PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	232671	-215300		100

II. REMARKS (from 'CR' data file)

R WORKSHEET B-1 OFFSETS BEGIN HERE
R END OF WORKSHEET B-1 OFFSETS

Explanation of error code types:

- 1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors.
- 2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).
- **** - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.
- (*) - Error messages marked with an asterisk (*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.
- (I) - Messages preceded by (I) are informational and are not errors.

III. 1000 LEVEL ERRORS

IV. 2000 LEVEL ERRORS

- 2027 - WKST C, PART I, LINE 52, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%
- 2027 - WKST C, PART I, LINE 53.10, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%
- 2027 - WKST C, PART I, LINE 59, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

V. KPMG LEVEL ERRORS

(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

- **** - THE AVERAGE HOURLY WAGE HAS BEEN COMPUTED AS \$253.83
ON WKST S-3, PART II, COL 5, LINE 10
THIS RATE APPEARS TO BE AT AN UNACCEPTABLE LEVEL
- **** - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$13 AND <= \$175
AVE HOURLY WAGE FOR CONTRACT A&G = \$198.05

**** - IF WKST S-3, PART II, LINE 10 , COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$50 AND <= \$200
AVE HOURLY WAGE FOR PHYSICIAN PART A = \$253.83

**** - IF WKST S-3, PART III, LINE 2, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$5 AND <= \$45
AVE HOURLY WAGE FOR EXCLUDED SERVICES = \$77.96

**** - WORKSHEET B-1, LINE 99 HAS STATISTICS, BUT
THERE IS NO COST ON WORKSHEET A, COLUMN 7

VI. INFORMATIONAL MESSAGES

- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN DECREASED BY \$306,502
- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN DECREASED BY \$2,140,075
- (I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30
FOR A PPS FACILITY (HOSPITAL)

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140161.09A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEMP

PROVIDER NUMBER: 14-0161

SOFTWARE VENDOR: Q01
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 2/26/2010

CREATION TIME: 12:32

PROVIDER NAME: SAINT JAMES HOSPITAL

FISCAL YEAR BEGINNING: 10/01/2008

FISCAL YEAR ENDING: 09/30/2009

ECR FINGERPRINT:

REMARKS:

 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY
 FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A
 COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC
 COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS.
 LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
 LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS.
 THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE
 WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO
 SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN
 PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S).
 LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS
 NO DIRECT INPUT DATA ASSOCIATED WITH
 THE COST CENTER)

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	**
16	PHARMACY	1600	**
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	**
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
4110	ULTRASOUND	3630	
4120	CT SCAN	3230	
4130	MRI	3430	
4140	MAMMOGRAPHY	3440	
43	RADIOISOTOPE	4300	

ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
EDIT NO.

44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
5310	CARDIAC REHAB	3140	
5410	EMGS	3290	**
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DIABETES SVC	3950	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
6350	RHC	6310	**
6360	FQHC	6320	**
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98 1	CARDIAC PHASE III	9801	
98 2	FUND DEVELOPMENT	9802	
98 3	PULMONARY FUNCTION	9803	
99	NONPAID WORKERS	9900	
100	CONTRACT NURSING	7950	**
100 1	NON-PATIENT DIETARY	7951	

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

RUN DATE: 02/26/2010

ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	6353486	2812636	9166122
2	SUBPROVIDER 1			
3	SWING-BED SNF	19341		19341
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORF			
	TOTAL	6372827	2812636	9185463

WORKSHEET S - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1	HOSPITAL	232671	-215300		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	CORF				8
9	HEALTH CLINIC				9
100	TOTAL	232671	-215300		100

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.09
02/26/2010 12:31

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED [XX] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK ELECTRONICALLY FILED COST REPORT DATE: _____
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT JAMES HOSPITAL (14-0161) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE _____

DATE _____

PART II - SETTLEMENT SUMMARY

TITLE V TITLE XVIII TITLE XIX

	PART A	PART B	
	2	3	4
1 HOSPITAL	232671	-215300	1
2 SUBPROVIDER I			2
3 SWING BED - SNF			3
4 SWING BED - NF			4
5 SKILLED NURSING FACILITY			5
6 NURSING FACILITY			6
7 HOME HEALTH AGENCY			7
8 OUTPATIENT REHABILITATION PROVIDER			8
9 HEALTH CLINIC			9
100 TOTAL	232671	-215300	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2500 WEST REYNOLDS STREET
1.01 CITY: PONTIAC

STATE: IL

P.O.BOX:
ZIP CODE: 61764

COUNTY: LIVINGSTON

1
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:				PAYMENT SYSTEM (P,T,O OR N)			
COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	V 4	XVIII 5	XIX 6	
2	HOSPITAL	SAINT JAMES HOSPITAL	14-0161	07/01/1966	N	P	O
3	SUBPROVIDER 1						2
4	SWING BEDS - SNF	ST JAMES HOSPITAL SWING	14-U161	10/10/2002	N	P	N
5	SWING BEDS - NF						3
6	HOSPITAL-BASED SNF						4
7	HOSPITAL-BASED NF						5
8	HOSPITAL-BASED OLTC						6
9	HOSPITAL-BASED HHA						7
11	SEPARATELY CERTIFIED ASC						8
12	HOSPITAL-BASED HOSPICE						9
14	HOSP-BASED RHC						11
15	OUTPATIENT REHABILITATION PROVID						12
16	RENAL DIALYSIS						14
							15
							16

17 COST REPORTING PERIOD (MM/DD/YYYY)

FROM: 10/01/2008 TO: 09/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER 1

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			2	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			2			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			2			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			YES			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2 AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. 1				26
	ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/01/2008 ENDING: 09/30/2009				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. YES 10/10/2002				27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. YES 149006 40
40.01 NAME: OSF HEALTHCARE SYSTEM FI/CONTRACTOR'S NAME: WPS FI/CONTRACTOR'S NUMBER: 52280 40.01
40.02 STREET: 800 NE GLEN OAK AVE P.O.BOX: 40.02
40.03 CITY: PEORIA STATE: IL ZIP CODE: 61603 40.03
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? NO 44
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47 HOSPITAL	N	N	N	N	N	47	
48 SUBPROVIDER I	N	N	N	N	N	48	
49 SKILLED NURSING FACILITY	N	N				49	
50 HOME HEALTH AGENCY	N	N				50	
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52	
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01	
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53	
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01	
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: -161034						54	
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01	
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55	
			DATE	Y/N	LIMIT	Y/N	FEE\$
			0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			/ /	NO	0.00	NO	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO			57
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO			58
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)							58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO			59

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES 12/16/2010	63

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

		-----I/P DAYS / O/P VISITS / TRIPS-----						
COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL	37	13505			2578		709	1
2 SWING BED, OBSERV & HOSPICE DAYS								2
3 HMO					67			3
4 HOSPITAL ADULTS & PEDS -								4
5 SWING BED SNF								5
6 HOSPITAL ADULTS & PEDS -								6
7 SWING BED NF								7
8 TOTAL ADULTS & PEDS	37	13505			2645		709	8
9 EXCL OBSERVATION BEDS								9
10 INTENSIVE CARE UNIT	5	1825			460		27	10
11 CORONARY CARE UNIT								11
12 BURN INTENSIVE CARE UNIT								12
13 SURGICAL INTENSIVE CARE UNIT								13
14 OTHER SPECIAL CARE (SPECIFY)								14
15 NURSERY							365	15
16 TOTAL HOSPITAL	42	15330			3105		1101	16
17 RPCH VISITS								17
18 SUBPROVIDER I								18
19 SKILLED NURSING FACILITY								19
20 NURSING FACILITY								20
21 OTHER LONG TERM CARE								21
22 HOME HEALTH AGENCY								22
23 ASC (DISTINCT PART)								23
24 HOSPICE (DISTINCT PART)								24
25 O/P REHAB PROVIDER								25
26 RHC I								26
27 TOTAL	42							27
28 OBSERVATION BED DAYS							193	28
29 AMBULANCE TRIPS								29
30 EMPLOYEE DISCOUNT DAYS								30

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3

PART I

(PARTIAL)

[illegible]

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT		TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		794	308	1702	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		794	308	1702	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES	22221244	501642	22722886	741332.66	30.65		1
2	TOTAL SALARIES							2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4.01	PHYSICIAN - PART A							4.01
5	TEACHING PHYSICIAN SALARIES							5
5.01	PHYSICIAN - PART B							5.01
6	NON-PHYSICIAN - PART B							6
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6.01
7	CONTRACT SERVICES, I&R							7
8	HOME OFFICE PERSONNEL							8
8.01	SNF							8.01
9	EXCLUDED AREA SALARIES	7058725	95757	7154482	91776.43	77.96		9
9.01	OTHER WAGES & RELATED COSTS							9.01
9.02	CONTRACT LABOR	914877		914877	17284.43	52.93		9.02
9.03	PHARMACY SERVICES UNDER CONTRACT							9.03
10	LABORATORY SERVICES UNDER CONTRACT							10
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'	545849		545849	2150.45	253.83		10.01
11	CONTRACT LABOR: PHYSICIAN PART A							11
12	TEACHING PHYSICIAN UNDER CONTRACT	2102869		2102869	33385.00	62.99		12
12.01	HOME OFFICE SALARIES & WAGE REL COSTS							12.01
13	HOME OFFICE: PHYSICIAN PART A							13
14	TEACHING PHYSICIAN SALARIES							14
15	WAGE-RELATED COSTS							15
16	WAGE RELATED COSTS (CORE)	5071424		5071424			CMS 339	16
17	WAGE RELATED COSTS (OTHER)						CMS 339	17
18	EXCLUDED AREAS	1138715		1138715			CMS 339	18
19	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	19
20	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	20
21	PHYSICIAN PART A						CMS 339	21
22	PART A TEACHING PHYSICIANS						CMS 339	22
23	PHYSICIAN PART B						CMS 339	23
24	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	24
25	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	25
26	OVERHEAD COSTS - DIRECT SALARIES						CMS 339	26
27	EMPLOYEE BENEFITS	-16844	16844					27
28	ADMINISTRATIVE & GENERAL	2513384	497018	3010402	91632.41	32.85		28
29	ADMINISTRATIVE & GENERAL UNDER CONTACT	91341		91341	461.20	198.05		29
30	MAINTENANCE & REPAIRS	51552		51552	2089.12	24.68		30
31	OPERATION OF PLANT	406606		406606	19949.05	20.38		31
32	LAUNDRY & LINEN SERVICE	18250		18250	2081.69	8.77		32
33	HOUSEKEEPING	465741		465741	40116.65	11.61		33
34	HOUSEKEEPING UNDER CONTRACT							34
35	DIETARY	459400	-372531	86869	6262.91	13.87		35
36	DIETARY UNDER CONTRACT							
37	CAFETERIA		265223	265223	19123.83	13.87		
38	MAINTENANCE OF PERSONNEL							
39	NURSING ADMINISTRATION	772367	-172988	599379	18183.54	32.96		
40	CENTRAL SERVICES AND SUPPLY							
41	PHARMACY							
42	MEDICAL RECORDS & MEDICAL RECORDS LIBR	400867		400867	21948.15	18.26		
43	SOCIAL SERVICE	136968		136968	6993.43	19.59		
44	OTHER GENERAL SERVICE							

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	22312585	501642	22814227	741793.86	30.76	1
2	EXCLUDED AREA SALARIES	7058725	95757	7154482	91776.43	77.96	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	15253860	405885	15659745	650017.43	24.09	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3563595		3563595	52819.88	67.47	4
5	SUBTOTAL WAGE-RELATED COSTS	5071424		5071424		32.398	5
6	TOTAL (SUM OF LINES 3 THRU 5)	23888879	405885	24294764	702837.31	34.57	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	5299632	233566	5533198	228841.98	24.18	13

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC								7
8	RHB								8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB							3	11
12	RMA							7	12
12.01	RMX								12.01
12.02	RML							22	12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3							26	15
16	SE2							9	16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL							67	46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	10406862 17
17.01	GROSS MEDICAID REVENUES	20381262 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	30788124 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.288162 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	20381262 28
29	TOTAL GROSS MEDICAID COST	5873105 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10406862 30
31	UNCOMPENSATED CARE COST	2998862 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5873105 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1481020	1481020	22233	1503253		1503253	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1202491	1202491	18052	1220543		1220543	4
5	0500 EMPLOYEE BENEFITS	-16844	6823961	6807117	-484798	6322319	-7927	6314392	5
6	0600 ADMINISTRATIVE & GENERAL	2513384	5515375	8028759	456733	8485492	-396863	8088629	6
7	0700 MAINTENANCE & REPAIRS	51552	68614	120166		120166		120166	7
8	0800 OPERATION OF PLANT	406606	1134132	1540738		1540738	-8330	1532408	8
9	0900 LAUNDRY & LINEN SERVICE	18250	149958	168208		168208		168208	9
10	1000 HOUSEKEEPING	465741	12077	477818		477818	-273	477545	10
11	1100 DIETARY	459400	129754	589154	-477750	111404		111404	11
12	1200 CAFETERIA				340134	340134		340134	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	772367	74244	846611	-192729	653882	-1536	652346	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	400867	94710	495577		495577	-26081	469496	17
18	1800 SOCIAL SERVICE	136968	3711	140679		140679		140679	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2342663	441527	2784190		2784190	-653	2783537	25
26	2600 INTENSIVE CARE UNIT	709057	40878	749935		749935		749935	26
33	3300 NURSERY								33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1436990	4662858	6099848		6099848	-1131	6098717	37
40	4000 ANESTHESIOLOGY	93160	612731	705891		705891	-669088	36803	40
41	4100 RADIOLOGY-DIAGNOSTIC	497346	171055	668401		668401	-7240	661161	41
41.10	3630 ULTRASOUND	215527	74630	290157		290157		290157	41.10
41.20	3230 CT SCAN	130752	575965	706717		706717	-14796	691921	41.20
41.30	3430 MRI	31576	616074	647650		647650	-14729	632921	41.30
41.40	3440 MAMMOGRAPHY	120039	153142	273181		273181	-221	272960	41.40
43	4300 RADIOISOTOPE	131625	333196	464821		464821	-5739	459082	43
44	4400 LABORATORY	780000	958397	1738397	-229791	1508606	-11856	1496750	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA				229791	229791		229791	47
49	4900 RESPIRATORY THERAPY	300126	69910	370036		370036		370036	49
50	5000 PHYSICAL THERAPY	588533	138492	727025	114211	841236	-4750	836486	50
51	5100 OCCUPATIONAL THERAPY	219930	6331	226261	35539	261800		261800	51
52	5200 SPEECH PATHOLOGY	180130	93462	273592	42979	316571	-590	315981	52
53	5300 ELECTROCARDIOLOGY	217245	63160	280405		280405		280405	53
53.10	3140 CARDIAC REHAB	41747	2201	43948	-709	43239	-4928	38311	53.10
54.10	3290 EMGS								54.10
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	127690	274378	402068		402068	-4458	397610	55
56	5600 DRUGS CHARGED TO PATIENTS	469254	661256	1130510		1130510	-16933	1113577	56
59	3950 DIABETES SVC	72746	3219	75965		75965	-1068	74897	59
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	1248092	1815922	3064014		3064014	-1646151	1417863	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	15162519	28458831	43621350	-126105	43495245	-2845341	40649904	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	18428	22415	40843		40843		40843	96
98	9800 PHYSICIANS' PRIVATE OFFICES	6893557	8673894	15567451	-12220	15555231		15555231	98
98.01	9801 CARDIAC PHASE III				709	709		709	98.01
98.02	9802 FUND DEVELOPMENT	127641	551624	679265		679265		679265	98.02
98.03	9803 PULMONARY FUNCTION	19099	1398	20497		20497		20497	98.03
99	9900 NONPAID WORKERS								99
100	7950 CONTRACT NURSING								100
100.01	7951 NON-PATIENT DIETARY				137616	137616		137616	100.01
101	TOTAL	22221244	37708162	59929406		59929406	-2845341	57084065	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	----- INCREASE -----		-----	
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	FIRE INSURANCE 040 708201-88400	A	NEW CAP REL COSTS-BLDG & FIXT	3		22233
2		A	NEW CAP REL COSTS-MVBLE EQUIP	4		18052
3						
4	CAFETERIA	B	CAFETERIA	12	346056	97741
5						
6	BLOOD	C	BLOOD STORING, PROCESSING & T	47		229791
7						
8	RECLASS NON-PATIENT DIETARY &	D	NON-PATIENT DIETARY	100.01	107308	30308
9	CAFETERIA COSTS	D				
10						
11	REHAB ADMIN RECLASS	E	PHYSICAL THERAPY	50	102513	11698
12		E	OCCUPATIONAL THERAPY	51	31899	3640
13		E	SPEECH PATHOLOGY	52	38576	4403
14						
15	RECLASS VACATION ACCRUAL	F	ADMINISTRATIVE & GENERAL	6	497018	
16		F				
17	RECLASS TEAM AWARD CREDIT	G				
18		G				
19		G				
20		G				
21		G				
22		G				
23		G				
24		G				
25		G				
26		G				
27		G				
28		G				
29		G				
30		G				
31		G				
32		G				
33		G				
34		G				
35		G				
36	SUBTOTAL				1123370	417866

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	-----	DECREASE	-----	-----	WKST A-7
		1	COST CENTER	LINE #	SALARY	OTHER	REF.
			6	7	8	9	10
1	FIRE INSURANCE 040 708201-88400	A					9 1
2		A	ADMINISTRATIVE & GENERAL	6		40285	9 2
3							3
4	CAFETERIA	B	DIETARY	11	346056	97741	4
5							5
6	BLOOD	C	LABORATORY	44		229791	6
7							7
8	RECLASS NON-PATIENT DIETARY &	D	DIETARY	11	26475	7478	8
9	CAFETERIA COSTS	D	CAFETERIA	12	80833	22830	9
10							10
11	REHAB ADMIN RECLASS	E	NURSING ADMINISTRATION	14	172988	19741	11
12		E					12
13		E					13
14							14
15	RECLASS VACATION ACCRUAL	F	EMPLOYEE BENEFITS	5		497018	15
16		F					16
17	RECLASS TEAM AWARD CREDIT	G					17
18		G					18
19		G					19
20		G					20
21		G					21
22		G					22
23		G					23
24		G					24
25		G					25
26		G					26
27		G					27
28		G					28
29		G					29
30		G					30
31		G					31
32		G					32
33		G					33
34		G					34
35		G					35
36	SUBTOTAL				626352	914884	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12	G				12
13	G	EMPLOYEE BENEFITS	5	4624	13
14	G				14
15	H	CARDIAC PHASE III	98.01	669	40 15
16	I	NON ALLOW PHYS SALARY	5	12220	16
17		EMPLOYEE BENEFITS			17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1140883	417906 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	G					1
2	G					2
3	G					3
4	G					4
5	G					5
6	G					6
7	G					7
8	G					8
9	G					9
10	G					10
11	G					11
12	G					12
13	G	EMPLOYEE BENEFITS	5		4624	13
14	G					14
15	H	CARDIAC REHAB	53.10	669	40	15
16	I	PHYSICIANS' PRIVATE OFFICES	98	12220		16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
TOTAL RECLASSIFICATIONS				639241	919548	

ANALYSIS OF CHANGES DURING COST REPORTING
PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3				
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES							3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL							7
8 RECONCILING ITEMS							8
9 TOTAL							9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3				
1 LAND	749404				749404		1
2 LAND IMPROVEMENTS	2287904				2287904		2
3 BUILDINGS AND FIXTURES	34873183	177170			35050353		3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	97230				97230		5
6 MOVABLE EQUIPMENT	24433796	389555		389555	24823351		6
7 SUBTOTAL	62441517	566725		566725	63008242		7
8 RECONCILING ITEMS							8
9 TOTAL	62441517	566725		566725	63008242		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3	NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5	TOTAL				.000000				5

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1503253						1503253 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1220543						1220543 4
5	TOTAL	2723796						2723796 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1481020						1481020 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1202491						1202491 4
5	TOTAL	2683511						2683511 5

ADJUSTMENTS TO EXPENSES

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
DESCRIPTION		BASIS	AMOUNT	COST CENTER	LINE NO.	WKST A-7	REF
		1	2	3	4	5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-3320	ADMINISTRATIVE & GENERAL	6		9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
		A-8-2	-2140075				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST					
		A-8-1	-306502				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS						16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-26081	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
		A-8-4					
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
		A-8-4					
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71		27
		A-8-3		UTILIZATION REVIEW-SNF	89		28
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1		29
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2		30
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3		31
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4		32
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20		33
33	NON-PHYSICIAN ANESTHETIST						34
34	PHYSICIANS' ASSISTANT						
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
		WKST A-8-4					
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					36
		WKST A-8-4					37
37							38
38							39
39							
39.06	PHYSICIAN RECRUITMENT	A	-37174	ADMINISTRATIVE & GENERAL	6		39.06
39.07	AHA, CHA & IHA DUES	A	-20474	ADMINISTRATIVE & GENERAL	6		39.07
39.09	UNEMPLOYMENT COMPENSATION	A	17204	EMPLOYEE BENEFITS	5		39.09
39.10	PRE EMPLOYMENT PHYSICALS	A	-29755	EMPLOYEE BENEFITS	5		39.10
39.11	PRENATAL BABY PICTURES	B	-653	ADULTS & PEDIATRICS	25		39.11
39.12	EMERGENCY - MEDICAL TRANSPORTATION	B	-56948	EMERGENCY	61		39.12
39.13	MEDICAL SUPPLIES - ITEMS SOLD TO	B	-62	MEDICAL SUPPLIES CHARGED TO PAT	55		39.13
39.14	LAB - NON PATIENT INCOME	B	-1275	LABORATORY	44		39.14
39.16	EMPLOYEE LEASE	B	-134000	ANESTHESIOLOGY	40		39.16
39.17	RADIOLOGY - SILVER RECOVERY & FIL	B	-489	RADIOLOGY-DIAGNOSTIC	41		39.17
39.19	PEDIATRIC DEVELOPMENT	B	-3005	PHYSICAL THERAPY	50		39.19
39.20	AUDIOLOGY	B	-590	SPEECH PATHOLOGY	52		39.20
39.22	PHARMACY - ITEMS SOLD TO PATIENTS	B	-16933	DRUGS CHARGED TO PATIENTS	56		39.22
39.23	HOUSEKEEPING - CAN RECYCLING	B	-273	HOUSEKEEPING	10		39.23
39.26	HOSPITAL ADMIN - FARM INCOME	B	-43449	ADMINISTRATIVE & GENERAL	6		39.26
39.28	LADD PROPERTY - RENTAL INCOME	A	-9351	ADMINISTRATIVE & GENERAL	6		39.28
39.29	CHAPLAINCY - CANDLES & RENTAL INC	B	-7019	ADMINISTRATIVE & GENERAL	6		39.29
39.30	INSERVICE EDUC NURSING - CLASS F	B	-1446	NURSING ADMINISTRATION	14		39.30
39.31	UTILIZATION REVIEW - GRANTS	B	-4141	ADMINISTRATIVE & GENERAL	6		39.31
39.33	DIABETES SVCS - CLASS FEES	B	-1068	DIABETES SVC	59		39.33
39.39	TEAM AWARDS	A	4624	EMPLOYEE BENEFITS	5		39.39
39.41	SPORTSCARE MEDICINE - WEIGHT TRAI	B	-1745	PHYSICAL THERAPY	50		39.41
39.43	DATA PROCESSING	B	-27	ADMINISTRATIVE & GENERAL	6		39.43
39.44	DISASTER PREPAREDNESS - GRANTS	B	-12000	ADMINISTRATIVE & GENERAL	6		39.44
39.49	SAFETY	B	-4141	ADMINISTRATIVE & GENERAL	6		39.49
39.50	COMPLIANCE	B	-425	ADMINISTRATIVE & GENERAL	6		39.50
39.51	PERSONNEL	B	-40	ADMINISTRATIVE & GENERAL	6		39.51

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ADJUSTMENTS TO EXPENSES

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	WORKSHEET A-8 WKST A-7 LINE NO. REF
		1	2	3	4 5
39.52	NURSING FLOAT PERSONNEL	B	-90	NURSING ADMINISTRATION	14 39.52
39.53	HOUSING OTHER	B	-4618	ADMINISTRATIVE & GENERAL	6 39.53
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50	TOTAL		-2845341		50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1						1	
2	6	ADMINISTRATIVE & GENERAL	CORPORATE CHARGES	3331917	3582601	-250684	2
3	8	OPERATION OF PLANT	CORPORATE CHARGES	110724	119054	-8330	3
4	55	MEDICAL SUPPLIES CHARGED TO PAT	CORPORATE CHARGES	58427	62823	-4396	4
4.01	37	OPERATING ROOM	SFI MAINTENANCE	11856	12987	-1131	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	SFI MAINTENANCE	61329	67180	-5851	4.02
4.03	41.40	MAMMOGRAPHY	SFI MAINTENANCE	2308	2529	-221	4.03
4.04	43	RADIOISOTOPE	SFI MAINTENANCE	38380	42042	-3662	4.04
4.05	41.20	CT SCAN	SFI MAINTENANCE	152200	166721	-14521	4.05
4.06	41	RADIOLOGY-DIAGNOSTIC	SFI PURCH SERVICE	35625	36525	-900	4.06
4.07	43	RADIOISOTOPE	SFI PURCH SERVICE	82280	84357	-2077	4.07
4.08	41.30	MRI	SFI PURCH SERVICE	583401	598130	-14729	4.08
4.09	44	LABORATORY	SYSTEMS LAB	619954	619954		4.09
5		TOTALS		5088401	5394903	-306502	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
(1)					
1	2	3	4	5	6
1	B	OSF HEALTHCARE SYSTEM	100.00		
2					
3					
4					
5					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	40 ANESTHESIOLOGY	535169		535169	167500	1	81	4
2	44 LABORATORY	10681		10681	208000	1	100	5
3	53.10 CARDIAC REHAB	5000		5000	150200	1	72	4
4	61 EMERGENCY	1589280		1589280	159800	1	77	4
5	41.20 CT SCAN	380		380	217600	1	105	5
101	TOTAL	2140510		2140510		5	435	22

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1 40	ANESTHESIOLOGY					81	535088	535088
2 44	LABORATORY					100	10581	10581
3 53.10	CARDIAC REHAB					72	4928	4928
4 61	EMERGENCY					77	1589203	1589203
5 41.20	CT SCAN					105	275	275
101	TOTAL					435	2140075	2140075

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	1503253	1503253							3
4	NEW CAP REL COSTS-MVBLE EQUIP	1220543		1220543						4
5	EMPLOYEE BENEFITS	6314392		3305	6317697					5
6	ADMINISTRATIVE & GENERAL	8088629	172326	443528	836988	9541471	9541471			6
7	MAINTENANCE & REPAIRS	120166	17186		14333	151685	30442	182127		7
8	OPERATION OF PLANT	1532408	79485	23988	113049	1748930	350998	11019	2110947	8
9	LAUNDRY & LINEN SERVICE	168208	41825		5074	215107	43170	5798	71533	9
10	HOUSEKEEPING	477545	28293	3859	129491	639188	128281	3922	48389	10
11	DIETARY	111404	35250	406	24152	171212	34361	4887	60289	11
12	CAFETERIA	340134	20202	1240	73740	435316	87365	2801	34552	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	652346	4644	31190	166647	854827	171558	644	7942	14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY	469496	27623	1694	111454	610267	122476	3829	47243	17
18	SOCIAL SERVICE	140679	8410	22	38081	187192	37568	1166	14383	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	2783537	159193	51069	651335	3645134	731553	22069	272268	25
26	INTENSIVE CARE UNIT	749935	31468	15439	197141	993983	199485	4363	53820	26
33	NURSERY									33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	6098717	150911	210299	399529	6859456	1376645	20921	258103	37
40	ANESTHESIOLOGY	36803		35714	25901	98418	19752			40
41	RADIOLOGY-DIAGNOSTIC	661161	67213	124619	138278	991271	198941	9318	114955	41
41.10	ULTRASOUND	290157	4596	45211	59923	399887	80255	637	7860	41.10
41.20	CT SCAN	691921	10261	8835	36353	747370	149992	1422	17549	41.20
41.30	MRI	632921			8779	641700	128785			41.30
41.40	MAMMOGRAPHY	272960		6701	33375	313036	62824			41.40
43	RADIOISOTOPE	459082	1723	3795	36596	501196	100587	239	2948	43
44	LABORATORY	1496750	20154	78803	216865	1812572	363771	2794	34470	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	229791				229791	46117			47
49	RESPIRATORY THERAPY	370036	6670	11401	83445	471552	94637	925	11408	49
50	PHYSICAL THERAPY	836486	63719	10282	192133	1102620	221288	8833	108978	50
51	OCCUPATIONAL THERAPY	261800	19341	1508	70017	352666	70778	2681	33078	51
52	SPEECH PATHOLOGY	315981	25612	32476	60807	434876	87277	3551	43804	52
53	ELECTROCARDIOLOGY	280405	1803	16145	60401	358754	71999	250	3084	53
53.10	CARDIAC REHAB	38311	18575		11421	68307	13709	2575	31768	53.10
54.10	EMGS									54.10
55	MEDICAL SUPPLIES CHARGED TO PAT	397610	27527		35502	460639	92447	3816	47079	55
56	DRUGS CHARGED TO PATIENTS	1113577	16245	1649	130468	1261939	253262	2252	27784	56
59	DIABETES SVC	74897	1644		20226	96767	19420	228	2811	59
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	1417863	40756	57365	347010	1862994	373890	5650	69704	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	40649904	1102655	1220543	4328514	38260123	5763633	126590	1425802	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN	40843			5124	45967	9225			96
98	PHYSICIANS' PRIVATE OFFICES	15555231	326204		1913240	17794675	3571272	45223	557909	98
98.01	CARDIAC PHASE III	709	351		186	1246	250	49	600	98.01
98.02	FUND DEVELOPMENT	679265	33926		35488	748679	150255	4703	58023	98.02
98.03	PULMONARY FUNCTION	20497			5310	25807	5179			98.03
99	NONPAID WORKERS		40117			40117	8051	5562	68613	99
100	CONTRACT NURSING									100
100.01	NON-PATIENT DIETARY	137616			29835	167451	33606			100.01
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	57084065	1503253	1220543	6317697	57084065	9541471	182127	2110947	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	335608								9
10 HOUSEKEEPING		819780							10
11 DIETARY	2510	24823	298082						11
12 CAFETERIA		14226		574260					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3270		19943	1058184				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		19452		24073		827340			17
18 SOCIAL SERVICE		5922		7667			253898		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	129481	112103	257357	115985	453980	41890	220920	6002740	25
26 INTENSIVE CARE UNIT	13902	22160	35932	26446	103514	9765	32978	1496348	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	64338	106271	4793	68842	269458	154764		9183591	37
40 ANESTHESIOLOGY				1141	4466	17876		141653	40
41 RADIOLOGY-DIAGNOSTIC	30830	47331		28135		34732		1455513	41
41.10 ULTRASOUND		3236		7096		18680		517651	41.10
41.20 CT SCAN		7226		5704		105109		1034372	41.20
41.30 MRI				1757		53144		825386	41.30
41.40 MAMMOGRAPHY				5088		9628		390576	41.40
43 RADIOISOTOPE		1214		4495		24981		635660	43
44 LABORATORY		14193		42441		152787		2423028	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						4000		279908	46.30
47 BLOOD STORING, PROCESSING & TRA						23060		620175	47
49 RESPIRATORY THERAPY		4697		13896		21813		1567184	49
50 PHYSICAL THERAPY	28023	44870		30759		8610		492317	50
51 OCCUPATIONAL THERAPY		13620		10884		3261		600206	51
52 SPEECH PATHOLOGY		18036		9401		25449		471279	52
53 ELECTROCARDIOLOGY		1270		10473		924		131960	53
53.10 CARDIAC REHAB		13080		1597					53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		19384		8557		18680		650602	55
56 DRUGS CHARGED TO PATIENTS		11440		12527		48374		1617578	56
59 DIABETES SVC		1157		3058	11968	803		136212	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	62711	28700		54877	214798	49010		2722334	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	331795	537681	298082	514842	1058184	827340	253898	33396273	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN								55192	96
98 PHYSICIANS' PRIVATE OFFICES	3813	229712		58414				22261018	98
98.01 CARDIAC PHASE III		247						2392	98.01
98.02 FUND DEVELOPMENT		23890		46				985596	98.02
98.03 PULMONARY FUNCTION				958				31944	98.03
99 NONPAID WORKERS		28250						150593	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY								201057	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	335608	819780	298082	574260	1058184	827340	253898	57084065	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		26	27	
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	6002740		25
26	INTENSIVE CARE UNIT	1496348		26
33	NURSERY			33
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	9183591		37
40	ANESTHESIOLOGY	141653		40
41	RADIOLOGY-DIAGNOSTIC	1455513		41
41.10	ULTRASOUND	517651		41.10
41.20	CT SCAN	1034372		41.20
41.30	MRI	825386		41.30
41.40	MAMMOGRAPHY	390576		41.40
43	RADIOISOTOPE	635660		43
44	LABORATORY	2423028		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA	279908		47
49	RESPIRATORY THERAPY	620175		49
50	PHYSICAL THERAPY	1567184		50
51	OCCUPATIONAL THERAPY	492317		51
52	SPEECH PATHOLOGY	600206		52
53	ELECTROCARDIOLOGY	471279		53
53.10	CARDIAC REHAB	131960		53.10
54.10	EMGS			54.10
55	MEDICAL SUPPLIES CHARGED TO PAT	650602		55
56	DRUGS CHARGED TO PATIENTS	1617578		56
59	DIABETES SVC	136212		59
OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	2722334		61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS				
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
95	SUBTOTALS	33396273		95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	55192		96
98	PHYSICIANS' PRIVATE OFFICES	22261018		98
98.01	CARDIAC PHASE III	2392		98.01
98.02	FUND DEVELOPMENT	985596		98.02
98.03	PULMONARY FUNCTION	31944		98.03
99	NONPAID WORKERS	150593		99
100	CONTRACT NURSING			100
100.01	NON-PATIENT DIETARY	201057		100.01
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL	57084065		103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS			3305	3305	3305				5
6	ADMINISTRATIVE & GENERAL	675474	172326	443528	1291328	437	1291765			6
7	MAINTENANCE & REPAIRS	763	17186		17949	7	4121	22077		7
8	OPERATION OF PLANT	4	79485	23988	103477	59	47520	1336	152392	8
9	LAUNDRY & LINEN SERVICE		41825		41825	3	5845	703	5164	9
10	HOUSEKEEPING		28293	3859	32152	68	17367	475	3493	10
11	DIETARY		35250	406	35656	13	4652	592	4352	11
12	CAFETERIA		20202	1240	21442	38	11828	339	2494	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		4644	31190	35834	87	23227	78	573	14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY	1163	27623	1694	30480	58	16582	464	3411	17
18	SOCIAL SERVICE		8410	22	8432	20	5086	141	1038	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	1540	159193	51069	211802	340	99042	2675	19655	25
26	INTENSIVE CARE UNIT	1980	31468	15439	48887	103	27008	529	3885	26
33	NURSERY									33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	1489	150911	210299	362699	208	186378	2536	18633	37
40	ANESTHESIOLOGY			35714	35714	14	2674			40
41	RADIOLOGY-DIAGNOSTIC	50528	67213	124619	242360	72	26934	1129	8299	41
41.10	ULTRASOUND		4596	45211	49807	31	10865	77	567	41.10
41.20	CT SCAN	333310	10261	8835	352406	19	20307	172	1267	41.20
41.30	MRI					5	17436			41.30
41.40	MAMMOGRAPHY	79582		6701	86283	17	8506			41.40
43	RADIOISOTOPE		1723	3795	5518	19	13618	29	213	43
44	LABORATORY		20154	78803	98957	113	49249	339	2488	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						6244			46.30
47	BLOOD STORING, PROCESSING & TRA									47
49	RESPIRATORY THERAPY		6670	11401	18071	44	12813	112	824	49
50	PHYSICAL THERAPY	1308	63719	10282	75309	100	29959	1071	7867	50
51	OCCUPATIONAL THERAPY	74	19341	1508	20923	37	9582	325	2388	51
52	SPEECH PATHOLOGY	90	25612	32476	58178	32	11816	430	3162	52
53	ELECTROCARDIOLOGY		1803	16145	17948	32	9748	30	223	53
53.10	CARDIAC REHAB		18575		18575	6	1856	312	2293	53.10
54.10	EMGS									54.10
55	MEDICAL SUPPLIES CHARGED TO PAT		27527		27527	19	12516	463	3399	55
56	DRUGS CHARGED TO PATIENTS		16245	1649	17894	68	34288	273	2006	56
59	DIABETES SVC	100	1644		1744	11	2629	28	203	59
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	4081	40756	57365	102202	181	50619	685	5032	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	1151486	1102655	1220543	3474684	2261	780315	15343	102929	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN					3	1249			96
98	PHYSICIANS' PRIVATE OFFICES	52381	326204		378585	1003	483484	5484	40278	98
98.01	CARDIAC PHASE III		351		351		34	6	43	98.01
98.02	FUND DEVELOPMENT		33926		33926	19	20342	570	4189	98.02
98.03	PULMONARY FUNCTION					3	701			98.03
99	NONPAID WORKERS		40117		40117		1090	674	4953	99
100	CONTRACT NURSING									100
100.01	NON-PATIENT DIETARY					16	4550			100.01
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	1203867	1503253	1220543	3927663	3305	1291765	22077	152392	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE	53540							9
10	HOUSEKEEPING		53555						10
11	DIETARY	400	1622	47287					11
12	CAFETERIA		929		37070				12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		214		1287	61300			14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY		1271		1554		53820		17
18	SOCIAL SERVICE		387		495			15599	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	20658	7324	40827	7488	26298	2728	13573	452410 25
26	INTENSIVE CARE UNIT	2218	1448	5700	1707	5997	636	2026	100144 26
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	10264	6943	760	4444	15610	10021		618496 37
40	ANESTHESIOLOGY				74	259	1164		39899 40
41	RADIOLOGY-DIAGNOSTIC	4918	3092		1816		2262		290882 41
41.10	ULTRASOUND		211		458		1216		63232 41.10
41.20	CT SCAN		472		368		6845		381856 41.20
41.30	MRI				113		3461		21015 41.30
41.40	MAMMOGRAPHY				328		627		95761 41.40
43	RADIOISOTOPE		79		290		1627		21393 43
44	LABORATORY		927		2740		9950		164763 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA						260		6504 47
49	RESPIRATORY THERAPY						1502		34570 49
50	PHYSICAL THERAPY	4470	2931		1986		1421		125114 50
51	OCCUPATIONAL THERAPY		890		703		561		35409 51
52	SPEECH PATHOLOGY		1178		607		212		75615 52
53	ELECTROCARDIOLOGY		83		676		1657		30397 53
53.10	CARDIAC REHAB		855		103		60		24060 53.10
54.10	EMGS								54.10
55	MEDICAL SUPPLIES CHARGED TO PAT		1266		552		1216		46958 55
56	DRUGS CHARGED TO PATIENTS		747		809		3150		59235 56
59	DIABETES SVC		76		197	693	52		5633 59
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	10004	1875		3542	12443	3192		189775 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	52932	35127	47287	33234	61300	53820	15599	2883121 95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN								1252 96
98	PHYSICIANS' PRIVATE OFFICES	608	15005		3771				928218 98
98.01	CARDIAC PHASE III		16						450 98.01
98.02	FUND DEVELOPMENT		1561		3				60610 98.02
98.03	PULMONARY FUNCTION				62				766 98.03
99	NONPAID WORKERS		1846						48680 99
100	CONTRACT NURSING								100
100.01	NON-PATIENT DIETARY								4566 100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	53540	53555	47287	37070	61300	53820	15599	3927663 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS				
25	ADULTS & PEDIATRICS	452410		25
26	INTENSIVE CARE UNIT	100144		26
33	NURSERY			33
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	618496		37
40	ANESTHESIOLOGY	39899		40
41	RADIOLOGY-DIAGNOSTIC	290882		41
41.10	ULTRASOUND	63232		41.10
41.20	CT SCAN	381856		41.20
41.30	MRI	21015		41.30
41.40	MAMMOGRAPHY	95761		41.40
43	RADIOISOTOPE	21393		43
44	LABORATORY	164763		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA	6504		47
49	RESPIRATORY THERAPY	34570		49
50	PHYSICAL THERAPY	125114		50
51	OCCUPATIONAL THERAPY	35409		51
52	SPEECH PATHOLOGY	75615		52
53	ELECTROCARDIOLOGY	30397		53
53.10	CARDIAC REHAB	24060		53.10
54.10	EMGS			54.10
55	MEDICAL SUPPLIES CHARGED TO PAT	46958		55
56	DRUGS CHARGED TO PATIENTS	59235		56
59	DIABETES SVC	5633		59
OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	189775		61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS				
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
95	SUBTOTALS	2883121		95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	1252		96
98	PHYSICIANS' PRIVATE OFFICES	928218		98
98.01	CARDIAC PHASE III	450		98.01
98.02	FUND DEVELOPMENT	60610		98.02
98.03	PULMONARY FUNCTION	766		98.03
99	NONPAID WORKERS	48680		99
100	CONTRACT NURSING			100
100.01	NON-PATIENT DIETARY	4566		100.01
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL	3927663		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		3	4	5	6A	6	7	8	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	94203							3
4	NEW CAP REL COSTS-MVBLE EQUIP		1202492						4
5	EMPLOYEE BENEFITS		3256	22722886					5
6	ADMINISTRATIVE & GENERAL	10799	436966	3010402	-9541471	47542594			6
7	MAINTENANCE & REPAIRS	1077		51552		151685	82327		7
8	OPERATION OF PLANT	4981	23633	406606		1748930	4981	77346	8
9	LAUNDRY & LINEN SERVICE	2621		18250		215107	2621	2621	9
10	HOUSEKEEPING	1773	3802	465741		639188	1773	1773	10
11	DIETARY	2209	400	86869		171212	2209	2209	11
12	CAFETERIA	1266	1222	265223		435316	1266	1266	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	291	30729	599379		854827	291	291	14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY	1731	1669	400867		610267	1731	1731	17
18	SOCIAL SERVICE	527	22	136968		187192	527	527	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	9976	50314	2342663		3645134	9976	9976	25
26	INTENSIVE CARE UNIT	1972	15211	709057		993983	1972	1972	26
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	9457	207189	1436990		6859456	9457	9457	37
40	ANESTHESIOLOGY		35186	93160		98418			40
41	RADIOLOGY-DIAGNOSTIC	4212	122776	497346		991271	4212	4212	41
41.10	ULTRASOUND	288	44542	215527		399887	288	288	41.10
41.20	CT SCAN	643	8704	130752		747370	643	643	41.20
41.30	MRI			31576		641700			41.30
41.40	MAMMOGRAPHY		6602	120039		313036			41.40
43	RADIOISOTOPE	108	3739	131625		501196	108	108	43
44	LABORATORY	1263	77638	780000		1812572	1263	1263	44
46.30	BLOOD CLOTTING FACTORS ADMIN					229791			46.30
47	BLOOD STORING, PROCESSING & T					471552			47
49	RESPIRATORY THERAPY	418	11232	300126		471552	418	418	49
50	PHYSICAL THERAPY	3993	10130	691046		1102620	3993	3993	50
51	OCCUPATIONAL THERAPY	1212	1486	251829		352666	1212	1212	51
52	SPEECH PATHOLOGY	1605	31996	218706		434876	1605	1605	52
53	ELECTROCARDIOLOGY	113	15906	217245		358754	113	113	53
53.10	CARDIAC REHAB	1164		41078		68307	1164	1164	53.10
54.10	EMGS								54.10
55	MEDICAL SUPPLIES CHARGED TO P	1725		127690		460639	1725	1725	55
56	DRUGS CHARGED TO PATIENTS	1018	1625	469254		1261939	1018	1018	56
59	DIABETES SVC	103		72746		96767	103	103	59
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	2554	56517	1248092		1862994	2554	2554	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	69099	1202492	15568404	-9541471	28718652	57223	52242	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C			18428		45967			96
98	PHYSICIANS' PRIVATE OFFICES	20442		6881337		17794675	20442	20442	98
98.01	CARDIAC PHASE III	22		669		1246	22	22	98.01
98.02	FUND DEVELOPMENT	2126		127641		748679	2126	2126	98.02
98.03	PULMONARY FUNCTION			19099		25807			98.03
99	NONPAID WORKERS	2514				40117	2514	2514	99
100	CONTRACT NURSING								100

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08
 02/16/2010 12:31

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8
100.01 NON-PATIENT DIETARY			107308		167451		100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1503253	1220543	6317697		9541471	182127	2110947 103
104 UNIT COST MULT-WS B PT I		1.015011				2.212239	104
104 UNIT COST MULT-WS B PT I	15.957592		.278032		.200693		27.292258 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			3305		1291765	22077	152392 107
108 UNIT COST MULT-WS B PT III						.268162	108
108 UNIT COST MULT-WS B PT III			.000145		.027171		1.970263 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS FTES 12	NURSING ADMINI- STRATION MEALS FTES 14	MEDICAL RECORDS + LIBRARY CHARGES 17	SOCIAL SERVICE TIME SPENT 18	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	329972							9
10 HOUSEKEEPING		72952						10
11 DIETARY	2468	2209	20399					11
12 CAFETERIA		1266		25167				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		291		874	11848			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		1731		1055		114139622		17
18 SOCIAL SERVICE		527		336			5551	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	127306	9976	17612	5083	5083	5779492	4830	25
26 INTENSIVE CARE UNIT	13669	1972	2459	1159	1159	1347260	721	26
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	63258	9457	328	3017	3017	21344608		37
40 ANESTHESIOLOGY				50	50	2466345		40
41 RADIOLOGY-DIAGNOSTIC	30312	4212		1233		4791996		41
41.10 ULTRASOUND		288		311		2577278		41.10
41.20 CT SCAN		643		250		14501731		41.20
41.30 MRI				77		7332199		41.30
41.40 MAMMOGRAPHY				223		1328409		41.40
43 RADIOISOTOPE		108		197		3446621		43
44 LABORATORY		1263		1860		21079929		44
46.30 BLOOD CLOTTING FACTORS ADMIN						551819		46.30
47 BLOOD STORING, PROCESSING & T						3181610		47
49 RESPIRATORY THERAPY		418		609		3009539		49
50 PHYSICAL THERAPY	27552	3993		1348		1187979		50
51 OCCUPATIONAL THERAPY		1212		477		449902		51
52 SPEECH PATHOLOGY		1605		412		3511232		52
53 ELECTROCARDIOLOGY		113		459		127545		53
53.10 CARDIAC REHAB		1164		70				53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		1725		375		2577283		55
56 DRUGS CHARGED TO PATIENTS		1018		549		6674097		56
59 DIABETES SVC		103		134	134	110830		59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	61658	2554		2405	2405	6761918		61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	326223	47848	20399	22563	11848	114139622	5551	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES	3749	20442		2560				98
98.01 CARDIAC PHASE III		22						98.01
98.02 FUND DEVELOPMENT		2126		2				98.02
98.03 PULMONARY FUNCTION				42				98.03
99 NONPAID WORKERS		2514						99
100 CONTRACT NURSING								100

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS FTES 12	NURSING ADMINI- STRATION MEALS FTES 14	MEDICAL RECORDS + LIBRARY CHARGES 17	SOCIAL SERVICE TIME SPENT 18	
100.01 NON-PATIENT DIETARY								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	335608	819780	298082	574260	1058184	827340	253898	103
104 UNIT COST MULT-WS B PT I	1.017080		14.612579		89.313302		45.739146	104
104 UNIT COST MULT-WS B PT I		11.237252		22.817976		.007248		104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	53540	53555	47287	37070	61300	53820	15599	107
108 UNIT COST MULT-WS B PT III	.162256		2.318104		5.173869		2.810124	108
108 UNIT COST MULT-WS B PT III		.734113		1.472961		.000472		108

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART 1

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6002740		6002740		6002740	25
26 INTENSIVE CARE UNIT	1496348		1496348		1496348	26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9183591		9183591		9183591	37
40 ANESTHESIOLOGY	141653		141653	535088	676741	40
41 RADIOLOGY-DIAGNOSTIC	1455513		1455513		1455513	41
41.10 ULTRASOUND	517651		517651		517651	41.10
41.20 CT SCAN	1034372		1034372	275	1034647	41.20
41.30 MRI	825386		825386		825386	41.30
41.40 MAMMOGRAPHY	390576		390576		390576	41.40
43 RADIOISOTOPE	635660		635660		635660	43
44 LABORATORY	2423028		2423028	10581	2433609	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	279908		279908		279908	47
49 RESPIRATORY THERAPY	620175		620175		620175	49
50 PHYSICAL THERAPY	1567184		1567184		1567184	50
51 OCCUPATIONAL THERAPY	492317		492317		492317	51
52 SPEECH PATHOLOGY	600206		600206		600206	52
53 ELECTROCARDIOLOGY	471279		471279		471279	53
53.10 CARDIAC REHAB	131960		131960	4928	136888	53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO	650602		650602		650602	55
56 DRUGS CHARGED TO PATIENTS	1617578		1617578		1617578	56
59 DIABETES SVC	136212		136212		136212	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2722334		2722334	1589203	4311537	61
62 OBSERVATION BEDS (NON-DISTI	1496484		1496484		1496484	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	34892757		34892757	2140075	37032832	101
102 LESS OBSERVATION BEDS	1496484		1496484		1496484	102
103 TOTAL	33396273		33396273	2140075	35536348	103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5353694		5353694			25
26 INTENSIVE CARE UNIT	1325104		1325104			26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9087845	12256763	21344608	.430253	.430253	.430253 37
40 ANESTHESIOLOGY	1126618	1339727	2466345	.057434	.057434	.274390 40
41 RADIOLOGY-DIAGNOSTIC	720163	4071833	4791996	.303738	.303738	.303738 41
41.10 ULTRASOUND	124115	2453163	2577278	.200852	.200852	.200852 41.10
41.20 CT SCAN	1379859	13121872	14501731	.071327	.071327	.071346 41.20
41.30 MRI	364643	6967556	7332199	.112570	.112570	.112570 41.30
41.40 MAMMOGRAPHY	561	1327848	1328409	.294018	.294018	.294018 41.40
43 RADIOISOTOPE	182490	3264131	3446621	.184430	.184430	.184430 43
44 LABORATORY	3203887	17876042	21079929	.114945	.114945	.115447 44
46.30 BLOOD CLOTTING FACTORS ADMINISTRATION						46.30
47 BLOOD STORING, PROCESSING & TRANSFUSION	244459	307360	551819	.507246	.507246	.507246 47
49 RESPIRATORY THERAPY	2133373	1048237	3181610	.194925	.194925	.194925 49
50 PHYSICAL THERAPY	362870	2646669	3009539	.520739	.520739	.520739 50
51 OCCUPATIONAL THERAPY	172934	1015045	1187979	.414416	.414416	.414416 51
52 SPEECH PATHOLOGY	8719	441183	449902	1.334082	1.334082	1.334082 52
53 ELECTROCARDIOLOGY	518801	2992431	3511232	.134220	.134220	.134220 53
53.10 CARDIAC REHAB		127545	127545	1.034615	1.034615	1.073253 53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1247112	1330171	2577283	.252437	.252437	.252437 55
56 DRUGS CHARGED TO PATIENTS	3412321	3261776	6674097	.242367	.242367	.242367 56
59 DIABETES SVC		110830	110830	1.229017	1.229017	1.229017 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	619408	6142510	6761918	.402598	.402598	.637620 61
62 OBSERVATION BEDS (NON-DISTRICT)	288303	1913995	2202298	.679510	.679510	.679510 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	31877279	84016687	115893966			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	31877279	84016687	115893966			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				452410		452410
27	INTENSIVE CARE UNIT				100144		100144
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL				552554		552554

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	6434	2578			70.32	181285
27	INTENSIVE CARE UNIT	721	460			138.90	63894
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY	532					
101	TOTAL	7687	3038				245179

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB III [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL ----- RATIO OF COST TO CHARGES	CAPITAL COSTS	----- NEW CAPITAL ----- RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		618496	21344608	4030823			.028977	116801 37
40 ANESTHESIOLOGY		39899	2466345	441472			.016177	7142 40
41 RADIOLOGY-DIAGNOSTIC		290882	4791996	475251			.060702	28849 41
41.10 ULTRASOUND		63232	2577278	69424			.024534	1703 41.10
41.20 CT SCAN		381856	14501731	881367			.026332	23208 41.20
41.30 MRI		21015	7332199	301609			.002866	864 41.30
41.40 MAMMOGRAPHY		95761	1328409				.072087	41.40
43 RADIOISOTOPE		21393	3446621	105816			.006207	657 43
44 LABORATORY		164763	21079929	2044705			.007816	15981 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6504	551819	148869			.011786	1755 47
49 RESPIRATORY THERAPY		34570	3181610	1379711			.010866	14992 49
50 PHYSICAL THERAPY		125114	3009539	243069			.041572	10105 50
51 OCCUPATIONAL THERAPY		35409	1187979	103702			.029806	3091 51
52 SPEECH PATHOLOGY		75615	449902	8719			.168070	1465 52
53 ELECTROCARDIOLOGY		30397	3511232	406569			.008657	3520 53
53.10 CARDIAC REHAB		24060	127545				.188639	53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		46958	2577283	585502			.018220	10668 55
56 DRUGS CHARGED TO PATIENTS		59235	6674097	1879051			.008875	16677 56
59 DIABETES SVC		5633	110830				.050826	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		189775	6761918	501902			.028065	14086 61
62 OBSERVATION BEDS (NON-DISTINC		112786	2202298	179742			.051213	9205 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2443353	109215168	13787303				280769 101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					6434		2578	25
26	INTENSIVE CARE UNIT					721		460	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					532			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7687		3038	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 ULTRASOUND							41.10
41.20 CT SCAN							41.20
41.30 MRI							41.30
41.40 MAMMOGRAPHY							41.40
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		21344608			4030823		3054088	37
40 ANESTHESIOLOGY		2466345			441472		209069	40
41 RADIOLOGY-DIAGNOSTIC		4791996			475251		1056513	41
41.10 ULTRASOUND		2577278			69424		484653	41.10
41.20 CT SCAN		14501731			881367		3378754	41.20
41.30 MRI		7332199			301609		1626065	41.30
41.40 MAMMOGRAPHY		1328409					65783	41.40
43 RADIOISOTOPE		3446621			105816		1261073	43
44 LABORATORY		21079929			2044705		467000	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		551819			148869		94454	47
49 RESPIRATORY THERAPY		3181610			1379711		306369	49
50 PHYSICAL THERAPY		3009539			243069			50
51 OCCUPATIONAL THERAPY		1187979			103702			51
52 SPEECH PATHOLOGY		449902			8719		40693	52
53 ELECTROCARDIOLOGY		3511232			406569		1037340	53
53.10 CARDIAC REHAB		127545					71732	53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		2577283			585502		307710	55
56 DRUGS CHARGED TO PATIENTS		6674097			1879051		1052996	56
59 DIABETES SVC		110830					4005	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		6761918			501902		1139111	61
62 OBSERVATION BEDS (NON-DISTINC		2202298			179742		653635	62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		109215168			13787303		16311043	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161)
APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
BOXES [] TITLE XIX - O/P [] SUB II
[] SUB III
[] SUB IV

[] SNF
[] NF
[] S/B-SNF
[] S/B-NF
[] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.430253	.430253	.430253			37
40 ANESTHESIOLOGY	.057434	.057434	.057434			40
41 RADIOLOGY-DIAGNOSTIC	.303738	.303738	.303738			41
41.10 ULTRASOUND	.200852	.200852	.200852			41.10
41.20 CT SCAN	.071327	.071327	.071327			41.20
41.30 MRI	.112570	.112570	.112570			41.30
41.40 MAMMOGRAPHY	.294018	.294018	.294018			41.40
43 RADIOISOTOPE	.184430	.184430	.184430			43
44 LABORATORY	.114945	.114945	.114945			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.507246	.507246	.507246			47
49 RESPIRATORY THERAPY	.194925	.194925	.194925			49
50 PHYSICAL THERAPY	.520739	.520739	.520739			50
51 OCCUPATIONAL THERAPY	.414416	.414416	.414416			51
52 SPEECH PATHOLOGY	1.334082	1.334082	1.334082			52
53 ELECTROCARDIOLOGY	.134220	.134220	.134220			53
53.10 CARDIAC REHAB	1.034615	1.034615	1.034615			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.252437	.252437	.252437			55
56 DRUGS CHARGED TO PATIENTS	.242367	.242367	.242367			56
59 DIABETES SVC	1.229017	1.229017	1.229017			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.402598	.402598	.402598			61
62 OBSERVATION BEDS (NON-DISTINCT	.679510	.679510	.679510			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.242367	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2009.08
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0161)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	OUTPATIENT
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3054088						37
40 ANESTHESIOLOGY		209069						40
41 RADIOLOGY-DIAGNOSTIC		1056513						41
41.10 ULTRASOUND		484653						41.10
41.20 CT SCAN		3378754						41.20
41.30 MRI		1626065						41.30
41.40 MAMMOGRAPHY		65783						41.40
43 RADIOISOTOPE		1261073						43
44 LABORATORY		467000						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		94454						47
49 RESPIRATORY THERAPY		306369						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		40693						52
53 ELECTROCARDIOLOGY		1037340						53
53.10 CARDIAC REHAB		71732						53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		307710						55
56 DRUGS CHARGED TO PATIENTS		1052996						56
59 DIABETES SVC		4005						59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1139111						61
62 OBSERVATION BEDS (NON-DISTINCT		653635						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		16311043						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		16311043						104

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 IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0161)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
		PPS		PPS	PPS	I/P PART B	I/P PART B
	ALL OTHER (COLS 1x5) 9	SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	SERVICES (COLUMNS 1.01x5.03) 9.03	SERVICES (COLUMNS 1.01x5.04) 9.04	CHARGES (SEE INSTRU.) 10	COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1314031					37
40 ANESTHESIOLOGY		12008					40
41 RADIOLOGY-DIAGNOSTIC		320903					41
41.10 ULTRASOUND		97344					41.10
41.20 CT SCAN		240996					41.20
41.30 MRI		183046					41.30
41.40 MAMMOGRAPHY		19341					41.40
43 RADIOISOTOPE		232580					43
44 LABORATORY		53679					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		47911					47
49 RESPIRATORY THERAPY		59719					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		54288					52
53 ELECTROCARDIOLOGY		139232					53
53.10 CARDIAC REHAB		74215					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		77677					55
56 DRUGS CHARGED TO PATIENTS		255211					56
59 DIABETES SVC		4922					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		458604					61
62 OBSERVATION BEDS (NON-DISTINCT		444152					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4089859					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4089859					104

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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

		----- OLD CAPITAL -----		----- NEW CAPITAL -----		
COST CENTER DESCRIPTION		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS			452410		452410
27	INTENSIVE CARE UNIT			100144		100144
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY					
101	TOTAL			552554		552554

		---- OLD CAPITAL ----		---- NEW CAPITAL ----		
COST CENTER DESCRIPTION		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS	6434	709			70.32
27	INTENSIVE CARE UNIT	721	27			138.90
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY	532	365			
101	TOTAL	7687	1101			

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 6	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		615496	21344608			.028977		37
40 ANESTHESIOLOGY		39899	2466345			.016177		40
41 RADIOLOGY-DIAGNOSTIC		290882	4791996			.060702		41
41.10 ULTRASOUND		63232	2577278			.024534		41.10
41.20 CT SCAN		381856	14501731			.026332		41.20
41.30 MRI		21015	7332199			.002866		41.30
41.40 MAMMOGRAPHY		95761	1328409			.072087		41.40
43 RADIOISOTOPE		21393	3446621			.006207		43
44 LABORATORY		164763	21079929			.007816		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		6504	551819			.011786		47
49 RESPIRATORY THERAPY		34570	3181610			.010866		49
50 PHYSICAL THERAPY		125114	3009539			.041572		50
51 OCCUPATIONAL THERAPY		35409	1187979			.029806		51
52 SPEECH PATHOLOGY		75615	449902			.168070		52
53 ELECTROCARDIOLOGY		30397	3511232			.008657		53
53.10 CARDIAC REHAB		24060	127545			.188639		53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		46958	2577283			.018220		55
56 DRUGS CHARGED TO PATIENTS		59235	6674097			.008875		56
59 DIABETES SVC		5633	110830			.050826		59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		189775	6761918			.028065		61
62 OBSERVATION BEDS (NON-DISTINC		112786	2202298			.051213		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2443353	109215168					101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					6434		709	25
26	INTENSIVE CARE UNIT					721		27	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					532		365	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7687		1101	101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 ULTRASOUND							41.10
41.20 CT SCAN							41.20
41.30 MRI							41.30
41.40 MAMMOGRAPHY							41.40
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		21344608					37
40 ANESTHESIOLOGY		2466345					40
41 RADIOLOGY-DIAGNOSTIC		4791996					41
41.10 ULTRASOUND		2577278					41.10
41.20 CT SCAN		14501731					41.20
41.30 MRI		7332199					41.30
41.40 MAMMOGRAPHY		1328409					41.40
43 RADIOISOTOPE		3446621					43
44 LABORATORY		21079929					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		551819					47
49 RESPIRATORY THERAPY		3181610					49
50 PHYSICAL THERAPY		3009539					50
51 OCCUPATIONAL THERAPY		1187979					51
52 SPEECH PATHOLOGY		449902					52
53 ELECTROCARDIOLOGY		3511232					53
53.10 CARDIAC REHAB		127545					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P		2577283					55
56 DRUGS CHARGED TO PATIENTS		6674097					56
59 DIABETES SVC		110830					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6761918					61
62 OBSERVATION BEDS (NON-DISTINC		2202298					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		109215168					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6525					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6434					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	175					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6259					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	13					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	78					6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2578					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	67					11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

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PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6002740						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6002740						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6127123						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	143600						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5983523						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.979700						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	820.57						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	955.99						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6002740						37

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COMPUTATION OF INPATIENT OPERATING COST

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 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	932.97					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2405197					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2405197					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	1496348	721	2075.38	460	954675	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3991699					48
49	TOTAL PROGRAM INPATIENT COSTS	7351571					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	245179					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	280769					51
52	TOTAL PROGRAM EXCLUDABLE COST	525948					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6825623					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

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66 SNF/NF/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0161)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1604	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	932.97	84
85 OBSERVATION BED COST	1496484	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		6002740		1496484		86
87 NEW CAPITAL-RELATED COST	452410	6002740	.075367	1496484	112786	87
88 NON PHYSICIAN ANESTHETIST		6002740		1496484		88
89 MEDICAL EDUCATION		6002740		1496484		89

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6525					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6434					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	175					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6259					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	13					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	78					6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	709					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	532					15
16 TITLE V OR XIX NURSERY DAYS	365					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6002740						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6002740						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6127123						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	143600						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5983523						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.979700						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	820.57						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	955.99						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6002740						37

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COMPUTATION OF INPATIENT OPERATING COST

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PART II

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	932.97					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	661476					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	661476					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)		532		365	42	
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1496348	721	2075.38	27	56035	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	717511					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	53607					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	53607					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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PART II (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

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66 SNF/NF/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

1604
932.97
1496484

83
84
85

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0161)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2409540		25
26 INTENSIVE CARE UNIT		767675		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.430253	4030823	1734274	37
40 ANESTHESIOLOGY	.274390	441472	121136	40
41 RADIOLOGY-DIAGNOSTIC	.303738	475251	144352	41
41.10 ULTRASOUND	.200852	69424	13944	41.10
41.20 CT SCAN	.071346	881367	62882	41.20
41.30 MRI	.112570	301609	33952	41.30
41.40 MAMMOGRAPHY	.294018			41.40
43 RADIOISOTOPE	.184430	105816	19516	43
44 LABORATORY	.115447	2044705	236055	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.507246	148869	75513	47
49 RESPIRATORY THERAPY	.194925	1379711	268940	49
50 PHYSICAL THERAPY	.520739	243069	126576	50
51 OCCUPATIONAL THERAPY	.414416	103702	42976	51
52 SPEECH PATHOLOGY	1.334082	8719	11632	52
53 ELECTROCARDIOLOGY	.134220	406569	54570	53
53.10 CARDIAC REHAB	1.073253			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.252437	585502	147802	55
56 DRUGS CHARGED TO PATIENTS	.242367	1879051	455420	56
59 DIABETES SVC	1.229017			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.637620	501902	320023	61
62 OBSERVATION BEDS (NON-DISTINCT	.679510	179742	122136	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		13787303	3991699	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		13787303		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[XX] S/B-SNF (14-U161)	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.430253	6253	2690	37
40 ANESTHESIOLOGY	.057434	453	26	40
41 RADIOLOGY-DIAGNOSTIC	.303738	1661	505	41
41.10 ULTRASOUND	.200852			41.10
41.20 CT SCAN	.071327			41.20
41.30 MRI	.112570			41.30
41.40 MAMMOGRAPHY	.294018			41.40
43 RADIOISOTOPE	.184430			43
44 LABORATORY	.114945	13631	1567	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.507246	2588	1313	47
49 RESPIRATORY THERAPY	.194925	3004	586	49
50 PHYSICAL THERAPY	.520739	15128	7878	50
51 OCCUPATIONAL THERAPY	.414416	9070	3759	51
52 SPEECH PATHOLOGY	1.334082			52
53 ELECTROCARDIOLOGY	.134220			53
53.10 CARDIAC REHAB	1.034615			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.252437	1443	364	55
56 DRUGS CHARGED TO PATIENTS	.242367	28847	6992	56
59 DIABETES SVC	1.229017			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.402598			61
62 OBSERVATION BEDS (NON-DISTINCT	.679510			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FOHC				63.60
101 TOTAL		82078	25680	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		82078		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0161)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.430253		37
40 ANESTHESIOLOGY	.057434		40
41 RADIOLOGY-DIAGNOSTIC	.303738		41
41.10 ULTRASOUND	.200852		41.10
41.20 CT SCAN	.071327		41.20
41.30 MRI	.112570		41.30
41.40 MAMMOGRAPHY	.294018		41.40
43 RADIOISOTOPE	.184430		43
44 LABORATORY	.114945		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.507246		47
49 RESPIRATORY THERAPY	.194925		49
50 PHYSICAL THERAPY	.520739		50
51 OCCUPATIONAL THERAPY	.414416		51
52 SPEECH PATHOLOGY	1.334082		52
53 ELECTROCARDIOLOGY	.134220		53
53.10 CARDIAC REHAB	1.034615		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.252437		55
56 DRUGS CHARGED TO PATIENTS	.242367		56
59 DIABETES SVC	1.229017		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.402598		61
62 OBSERVATION BEDS (NON-DISTINCT	.679510		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1455985					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	4367953					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	103790					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	37.95					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		RES. IN INIT YRS 0.00				3.17

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WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	6586157				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	6353486				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	232671				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	297786				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0161) 1	HOSPITAL (14-0161) 1.01	HOSPITAL (14-0161) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4089859			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3444184			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	3444184			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0161) 1	HOSPITAL (14-0161) 1.01	HOSPITAL (14-0161) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	895168		18.01
19 SUBTOTAL	2549016		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2549016		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2549016		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	69029		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	48320		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2597336		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2597336		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2812636		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-215300		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0161)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0161)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0161)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6062186		2812636	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM	.02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	.03		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	.04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.05			3.05
		.09	08/26/2009	291300	3.09
		.50			3.50
	PROVIDER	.51			3.51
	TO	.52		NONE	3.52
	PROGRAM	.53			3.53
		.54			3.54
SUBTOTAL		.99		291300	3.99
4 TOTAL INTERIM PAYMENTS		6353486		2812636	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM	.01			5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO	.02			5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT	PROGRAM TO				6.01
(BALANCE DUE) BASED ON THE COST	PROVIDER	.01			6.02
REPORT.	PROVIDER TO	.02			
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7
NAME OF INTERMEDIARY: MUTUAL OF OMAHA		INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:		DATE (MO/DAY/YR):			

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WORKSHEET E-1

DATE (MO/DAY/YR) :

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 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V S/B NF	--- TITLE XVIII ---		--- TITLE XIX ---	
		S/B SNF PART A	S/B SNF PART B (14-U161)	S/B SNF (14-U161)	S/B NF
	1	1	2	1	1
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	22128			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF				2
3	ANCILLARY SERVICES				3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				4
5	PROGRAM DAYS	67			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM				6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY				7
8	SUBTOTAL	22128			8
9	PRIMARY PAYER PAYMENTS				9
10	SUBTOTAL	22128			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)				11
12	SUBTOTAL	22128			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2787			13
14	80% OF PART B COSTS				14
15	SUBTOTAL	19341			15
16	OTHER ADJUSTMENTS				16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)				17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL	19341			18
19	SEQUESTRATION ADJUSTMENT				19
20	INTERIM PAYMENTS	19341			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				20.01
21	BALANCE DUE PROVIDER/PROGRAM				21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				22

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I	
		HOSPITAL (14-0161) (OTHER)	SUB I	SUB II	SUB III	SUB IV		
COMPUTATION OF NET COST OF COVERED SERVICES		1	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	717511						2
2	MEDICAL AND OTHER SERVICES							3
3	INTERNS AND RESIDENTS							4
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							5
5	COST OF TEACHING PHYSICIANS							6
6	SUBTOTAL	717511						7
7	INPATIENT PRIMARY PAYER PAYMENTS							8
8	OUTPATIENT PRIMARY PAYER PAYMENTS							9
9	SUBTOTAL	717511						
COMPUTATION OF LESSER OF COST OR CHARGES								10
10	ROUTINE SERVICE CHARGES							11
11	ANCILLARY SERVICE CHARGES							12
12	INTERNS AND RESIDENTS SERVICE CHARGES							13
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							14
14	TEACHING PHYSICIANS							15
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							16
16	TOTAL REASONABLE CHARGES							
CUSTOMARY CHARGES								17
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							18
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							19
19	RATIO OF LINE 17 TO LINE 18							20
20	TOTAL CUSTOMARY CHARGES							21
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							22
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	717511						23
23	COST OF COVERED SERVICES	717511						
PROSPECTIVE PAYMENT AMOUNT								24
24	OTHER THAN OUTLIER PAYMENTS							25
25	OUTLIER PAYMENTS							26
26	PROGRAM CAPITAL PAYMENTS							27
27	CAPITAL EXCEPTION PAYMENTS							28
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							29
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							30
30	SUBTOTAL	717511						31
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							32
32	LESSER OF LINES 30 OR 31	717511						33
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0161) (OTHER)	SUB I	SUB II	SUB III SUB IV NF I
	1	1	1	1 1 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST	717511		34
36	SUBTOTAL			35
37	COINSURANCE			36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			37
38	REIMBURSABLE BAD DEBTS			38
38.01	REDUCED REIMBURSABLE BAD DEBTS			38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			38.02
39	UTILIZATION REVIEW			39
40	SUBTOTAL			40
41	INPATIENT ROUTINE SERVICE COST			41
42	MEDICARE INPATIENT ROUTINE CHARGES			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			44
45	RATIO OF LINE 43 TO LINE 44			45
46	TOTAL CUSTOMARY CHARGES			46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION			49
50	OTHER ADJUSTMENTS			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS			51
52	SUBTOTAL			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			55
56	SEQUESTRATION ADJUSTMENT			56
57	INTERIM PAYMENTS			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			57.01
58	BALANCE DUE PROVIDER/PROGRAM			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2			59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				
2	CASH ON HAND AND IN BANKS	707158	168436	882700	1
3	TEMPORARY INVESTMENTS				2
4	NOTES RECEIVABLE				3
5	ACCOUNTS RECEIVABLE	23156545			4
6	OTHER RECEIVABLES	311443			5
7	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13485758			6
8	INVENTORY	645612			7
9	PREPAID EXPENSES				8
10	OTHER CURRENT ASSETS	73453			9
11	DUE FROM OTHER FUNDS				10
	TOTAL CURRENT ASSETS	11408453	168436	882700	11
12	FIXED ASSETS				
12.01	LAND	749404			12
13	ACCUMULATED DEPRECIATION				12.01
13.01	LAND IMPROVEMENTS	2287903			13
14	ACCUMULATED DEPRECIATION	-1425801			13.01
14.01	BUILDINGS	35379329			14
15	ACCUMULATED DEPRECIATION	-12253167			14.01
15.01	LEASEHOLD IMPROVEMENTS				15
16	ACCUMULATED AMORTIZATION				15.01
16.01	FIXED EQUIPMENT	97230			16
17	ACCUMULATED DEPRECIATION				16.01
17.01	AUTOMOBILES AND TRUCKS				17
18	ACCUMULATED DEPRECIATION				17.01
18.01	MAJOR MOVABLE EQUIPMENT	24823351			18
19	ACCUMULATED DEPRECIATION	-20554171			18.01
19.01	MINOR EQUIPMENT DEPRECIABLE				19
20	ACCUMULATED DEPRECIATION				19.01
21	MINOR EQUIPMENT-NONDEPRECIABLE				20
	TOTAL FIXED ASSETS	29104078			21
22	OTHER ASSETS				
23	INVESTMENTS	17197266			22
24	DEPOSITS ON LEASES				23
25	DUE FROM OWNERS/OFFICERS				24
26	OTHER ASSETS	500000			25
	TOTAL OTHER ASSETS	17697266			26
27	TOTAL ASSETS	58209797	168436	882700	27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
28	CURRENT LIABILITIES				
29	ACCOUNTS PAYABLE	1180038			28
30	SALARIES, WAGES & FEES PAYABLE	3539901			29
31	PAYROLL TAXES PAYABLE				30
32	NOTES & LOANS PAYABLE (SHORT TERM)				31
33	DEFERRED INCOME				32
34	ACCELERATED PAYMENTS				33
35	DUE TO OTHER FUNDS	811891			34
36	OTHER CURRENT LIABILITIES	598886			35
	TOTAL CURRENT LIABILITIES	6130716			36
37	LONG-TERM LIABILITIES				
38	MORTGAGE PAYABLE				37
39	NOTES PAYABLE				38
40	UNSECURED LOANS				39
	LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
	.02 ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	39000			41
42	TOTAL LONG TERM LIABILITIES	39000			42
43	TOTAL LIABILITIES	6169716			43
44	CAPITAL ACCOUNTS				
45	GENERAL FUND BALANCE	52040081			44
46	SPECIFIC PURPOSE FUND BALANCE		168436		45
47	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			882700	46
48	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
49	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
50	PLANT FUND BALANCE - INVESTED IN PLANT				49
51	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
	TOTAL FUND BALANCES	52040081	168436	882700	51
52	TOTAL LIABILITIES AND FUND BALANCES	58209797	168436	882700	52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	53205548	90192	882700	1
2 NET INCOME (LOSS)	-1165467			2
3 TOTAL	52040081	90192	882700	3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED ASSETS		78244		5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS		78244		10
11 SUBTOTAL	52040081	168436	882700	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	52040081	168436	882700	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	4801605		4801605	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	4801605		4801605	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1325518		1325518	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1325518		1325518	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	6127123		6127123	18
19 ANCILLARY SERVICES	25750087	88139550	113889637	19
20 OUTPATIENT SERVICES		24924660	24924660	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	31877210	113064210	144941420	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		59929406	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	3960597		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3960597	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		63890003	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	144941420	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	83997242	2
3	NET PATIENT REVENUES	60944178	3
4	LESS - TOTAL OPERATING EXPENSES	63890003	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2945825	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	166308	6
7	INCOME FROM INVESTMENTS	945559	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	668491	24
25	TOTAL OTHER INCOME	1780358	25
26	TOTAL	-1165467	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1165467	31

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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0161) (14-0161)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
2 CAPITAL FEDERAL AMOUNT					2
3 CAPITAL DRG OTHER THAN OUTLIER	421246				3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	14792				3.01
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A, LN.3.17] [E-3,PT VI, LN.18] [E,PT A, LN.3.17] [x E-3,PT VI, LN.1]					4
4.01 NO. OF INTERNS & RESIDENTS	0.00				4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
5 DISPROPORTIONATE SHARE ADJUSTMENT					5
5.01 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					5.01
5.02 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					5.02
5.03 SUM OF LINES 5 AND 5.01					5.03
5.04 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					5.04
6 DISPROPORTIONATE SHARE ADJUSTMENT					6
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	436038				
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 ULTRASOUND						41.10
41.20 CT SCAN						41.20
41.30 MRI						41.30
41.40 MAMMOGRAPHY						41.40
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
47 BLOOD STORING, PROCESSING & TR						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC REHAB						53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PA						55
56 DRUGS CHARGED TO PATIENTS						56
59 DIABETES SVC						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CA						96
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 CARDIAC PHASE III						98.01
98.02 FUND DEVELOPMENT						98.02
98.03 PULMONARY FUNCTION						98.03
99 NONPAID WORKERS						99
100 CONTRACT NURSING						100
100.01 NON-PATIENT DIETARY						100.01

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	40.07		11.02				51.09 25
26 INTENSIVE CARE UNIT	63.80		3.74				67.54 26
33 NURSERY			68.61				68.61 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.88	14.31					33.19 37
40 ANESTHESIOLOGY	17.90	8.48					26.38 40
41 RADIOLOGY-DIAGNOSTIC	9.92	22.05					31.97 41
41.10 ULTRASOUND	2.69	18.80					21.49 41.10
41.20 CT SCAN	6.08	23.30					29.38 41.20
41.30 MRI	4.11	22.18					26.29 41.30
41.40 MAMMOGRAPHY		4.95					4.95 41.40
43 RADIOISOTOPE	3.07	36.59					39.66 43
44 LABORATORY	9.70	2.22					11.92 44
47 BLOOD STORING, PROCESSING & TRA	26.98	17.12					44.10 47
49 RESPIRATORY THERAPY	43.37	9.63					53.00 49
50 PHYSICAL THERAPY	8.08						8.08 50
51 OCCUPATIONAL THERAPY	8.73						8.73 51
52 SPEECH PATHOLOGY	1.94	9.04					10.98 52
53 ELECTROCARDIOLOGY	11.58	29.54					41.12 53
53.10 CARDIAC REHAB		56.24					56.24 53.10
55 MEDICAL SUPPLIES CHARGED TO PAT	22.72	11.94					34.66 55
56 DRUGS CHARGED TO PATIENTS	28.15	15.78					43.93 56
59 DIABETES SVC		3.61					3.61 59
61 EMERGENCY	7.42	16.85					24.27 61
62 OBSERVATION BEDS (NON-DISTINCT	8.16	29.68					37.84 62
101 TOTAL CHARGES	11.90	14.07					25.97 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
1	GENERAL SERVICE COST CENTERS							1
2	OLD CAP REL COSTS-BLDG & FIXT							2
3	NEW CAP REL COSTS-MVBLE EQUIP	1503253	2.63	-1503253	-7.11			3
4	NEW CAP REL COSTS-BLDG & FIXT	1220543	2.14	-1220543	-5.77			4
5	EMPLOYEE BENEFITS	6314392	11.06	-6314392	-29.87			5
6	ADMINISTRATIVE & GENERAL	8088629	14.17	-8088629	-38.26			6
7	MAINTENANCE & REPAIRS	120166	.21	-120166	-.57			7
8	OPERATION OF PLANT	1532408	2.68	-1532408	-7.25			8
9	LAUNDRY & LINEN SERVICE	168208	.29	-168208	-.80			9
10	HOUSEKEEPING	477545	.84	-477545	-2.26			10
11	DIETARY	111404	.20	-111404	-.53			11
12	CAFETERIA	340134	.60	-340134	-1.61			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	652346	1.14	-652346	-3.09			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	469496	.82	-469496	-2.22			17
18	SOCIAL SERVICE	140679	.25	-140679	-.67			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2783537	4.88	3219203	15.23	6002740	10.52	25
26	INTENSIVE CARE UNIT	749935	1.31	746413	3.53	1496348	2.62	26
33	NURSERY							33
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	6098717	10.68	3084874	14.59	9183591	16.09	37
40	ANESTHESIOLOGY	36803	.06	104850	.50	141653	.25	40
41	RADIOLOGY-DIAGNOSTIC	661161	1.16	794352	3.76	1455513	2.55	41
41.10	ULTRASOUND	290157	.51	227494	1.08	517651	.91	41.10
41.20	CT SCAN	691921	1.21	342451	1.62	1034372	1.81	41.20
41.30	MRI	632921	1.11	192465	.91	825386	1.45	41.30
41.40	MAMMOGRAPHY	272960	.48	117616	.56	390576	.68	41.40
43	RADIOISOTOPE	459082	.80	176578	.84	635660	1.11	43
44	LABORATORY	1496750	2.62	926278	4.38	2423028	4.24	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	229791	.40	50117	.24	279908	.49	47
49	RESPIRATORY THERAPY	370036	.65	250139	1.18	620175	1.09	49
50	PHYSICAL THERAPY	836486	1.47	730698	3.46	1567184	2.75	50
51	OCCUPATIONAL THERAPY	261800	.46	230517	1.09	492317	.86	51
52	SPEECH PATHOLOGY	315981	.55	284225	1.34	600206	1.05	52
53	ELECTROCARDIOLOGY	280405	.49	190874	.90	471279	.83	53
53.10	CARDIAC REHAB	38311	.07	93649	.44	131960	.23	53.10
54.10	EMGS							54.10

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	397610	.70	252992	1.20	650602	1.14	55
56 DRUGS CHARGED TO PATIENTS	1113577	1.95	504001	2.38	1617578	2.83	56
59 DIABETES SVC	74897	.13	61315	.29	136212	.24	59
61 EMERGENCY	1417863	2.48	1304471	6.17	2722334	4.77	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	40843	.07	14349	.07	55192	.10	96
98 PHYSICIANS' PRIVATE OFFICES	15555231	27.25	6705787	31.72	22261018	39.00	98
98.01 CARDIAC PHASE III	709		1683	.01	2392		98.01
98.02 FUND DEVELOPMENT	679265	1.19	306331	1.45	985596	1.73	98.02
98.03 PULMONARY FUNCTION	20497	.04	11447	.05	31944	.06	98.03
99 NONPAID WORKERS			150593	.71	150593	.26	99
100 CONTRACT NURSING							100
100.01 NON-PATIENT DIETARY	137616	.24	63441	.30	201057	.35	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	57084065	100.00	0	.00	57084065	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	618496	21344608	.028977	4030823	116801	37
40 ANESTHESIOLOGY	39899	2466345	.016177	441472	7142	40
41 RADIOLOGY-DIAGNOSTIC	290882	4791996	.060702	475251	28849	41
41.10 ULTRASOUND	63232	2577278	.024534	69424	1703	41.10
41.20 CT SCAN	381856	14501731	.026332	881367	23208	41.20
41.30 MRI	21015	7332199	.002866	301609	864	41.30
41.40 MAMMOGRAPHY	95761	1328409	.072087			41.40
43 RADIOISOTOPE	21393	3446621	.006207	105816	657	43
44 LABORATORY	164763	21079929	.007816	2044705	15981	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	6504	551819	.011786	148869	1755	47
49 RESPIRATORY THERAPY	34570	3181610	.010866	1379711	14992	49
50 PHYSICAL THERAPY	125114	3009539	.041572	243069	10105	50
51 OCCUPATIONAL THERAPY	35409	1187979	.029806	103702	3091	51
52 SPEECH PATHOLOGY	75615	449902	.168070	8719	1465	52
53 ELECTROCARDIOLOGY	30397	3511232	.008657	406569	3520	53
53.10 CARDIAC REHAB	24060	127545	.188639			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	46958	2577283	.018220	585502	10668	55
56 DRUGS CHARGED TO PATIENTS	59235	6674097	.008875	1879051	16677	56
59 DIABETES SVC	5633	110830	.050826			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	189775	6761918	.028065	501902	14086	61
62 OBSERVATION BEDS (NON-DISTINCT	112786	2202298	.051213	179742	9205	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2443353	109215168		13787303	280769	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	452410		452410	6434	70.32	2578	181285 25
26 INTENSIVE CARE UNIT	100144		100144	721	138.90	460	63894 26
101 TOTAL	552554		552554			3038	245179 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						245179	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						280769	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						525948	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						794	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						3038	
PER DISCHARGE CAPITAL COSTS						662.40	
PER DIEM CAPITAL COSTS						173.12	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6825623
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	16964518
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.402

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	525948
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.031

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4035571
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	16270350
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.248